

Smarter Balanced Assessment Consortium

Test Security Incident Report Form



Please complete all requested information and submit to:

Department of Public Instruction
Office of Student Assessment
PO Box 7841, Madison, WI 53707-7841
osamail@dpi.wi.gov
Fax: 608-266-8770

Severity Level: ☐ Improprity ☐ Irregularity ☐ Breach

Date of Submission:

Date of Incident:

Name of Informant:

Title:

Phone:

District Name:

District ID:

School Name:

School ID:

School Phone No.:

District Assessment Coordinator:

Subject(s) Affected:

☐ English/Language Arts

☐ English/Language Arts - PT

☐ Mathematics

☐ Mathematics - PT

Grades Affected:

☐ 3rd

☐ 4th

☐ 5th

☐ 6th

☐ 7th

☐ 8th

State SSID:

Was the Incident Initiated due to Adult or Student Behavior?

☐ Adult

☐ Student

(The following answers may be continued on page 2 if needed)

Description of the alleged test security incident:

How was the issue addressed locally?

(For Departmental use only)

State action taken:

Date of Case Closure: